



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123
Tennessee.gov/health

APPLICATION INSTRUCTIONS FOR REGISTRATION AS A DENTAL ASSISTANT

I. THE APPLICATION PROCESS

Application, practice, and renewal as a registered dental assistant is governed by T.C.A. §63-5-101, et. seq. And Rules 0460-1-.01, et. seq.

1. If applying by Category C or D, you must apply for and successfully complete the examinations and become registered by the Board within one (1) year of the date on which the educational program is successfully completed or the educational course must be repeated.

NOTE: Failure to comply with #1 above does not extend your one-year deadline.

2. All **application fees are non-refundable.**
3. All documents and fees required to be submitted by you, or which must be requested from the appropriate institutions in the application process, must be mailed directly to:

Tennessee Board of Dentistry
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243

4. Once your application is complete, you will be mailed the information to apply for the examination(s). The examination application is to be mailed to the Dental Assisting National Boards (DANB) along with the required fees.
5. Allow fourteen (14) working days for information mailed to our Office to be received and placed in your file. Federal Express or special courier services will not reduce the processing time. Additionally, if Federal Express or special courier services are used, you will be responsible for charges incurred.
6. **We will discuss application status with the applicant or applicant's spouse only.**
7. If the application is not complete upon receipt by the Board's Administrative Office, a deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board's Administrative Office sixty (60) days from the date of the initial deficiency letter. **Files not completed within sixty (60) days will be closed.**
8. **IT'S THE LAW!** If you change your mailing address, you must notify the Board's Administrative Office, in **writing**, within thirty (30) days. Failure to abide by this law could affect your license, since failure to receive the renewal application does not relieve you of the responsibility for timely renewal.
9. **ANSWER ALL QUESTIONS ON THE APPLICATION. DO NOT LEAVE ANY AREA BLANK. RESPOND "NOT APPLICABLE" or (N/A) TO ALL QUESTIONS THAT DO NOT APPLY!**

IMPORTANT: You must have a registration issued by the Tennessee Board of Dentistry in your possession before you may lawfully practice as a Registered Dental Assistant in Tennessee. (Certification by the Dental Assisting National Board, as a Certified Dental Assistant, without a Tennessee registration does not permit you to perform the duties of a registered dental assistant in Tennessee.)

II. CATEGORIES

You must qualify by ONE (1) of the following categories to apply as a registered dental assistant.

- Category A.** **Current certification as a dental assistant by the Dental Assisting National Board (DANB).** If you are being registered by this method, you must request the Dental Assisting National Board to send verification of current certification directly to the Board's Office.
- Category B.** **Registration, or it's equivalent, as a dental assistant in another state for a period of at least one (1) year.** If you are applying by this method, you must request that verification from every state in which you have ever been registered be sent directly to this Office. You must have completed a dental assisting course which was comprised of at least 116 clock hours of lecture and didactic training with a minimum of 24 clock hours of radiological instruction. You must successfully complete the Board examination to become registered.
- Category C.** **Completion of a 116-hour Board-approved course sponsored by a local dental society.** This method is only if you have attended a course sponsored by a local dental society in Tennessee. A verification letter from the course instructor must be submitted directly to our Office upon successful completion of the course. You must successfully complete the Board examination to become registered.
- Category D.** **Completion of a Tennessee-based dental assisting program through an educational institution accredited by the American Dental Association (ADA).** If you are being registered by this method, an official transcript must be sent directly from the institution to the Board's Office. (These programs are full-time, day programs.) You must successfully complete the Board examination to become registered.
- Category E.** **Challenge – as a dental assistant in the U.S. whose state of practice does not require registration/licensure/certification.** You must have completed a dental assisting course which was comprised of at least 116 clock hours of lecture and didactic training with a minimum of 24 clock hours of radiological instruction. In addition, you must have been employed as a dental assistant in the other state. You must successfully complete the Board examination to become registered.
- Category F.** **Challenge – as a dental assistant (or dentist or dental hygienist) from another province, territory, or country.** You must have completed a dental assisting, dental hygiene or dental school whose curriculum was comprised of at least 116 hours of clinical and didactic training in subject areas which are equivalent to, or exceeding the requirements of, the Board-approved course with a minimum of 24 clock hours of radiological instruction. You must also have been employed in your dental profession and able to submit verification of licensure/certification/registration, if one was required by your province, territory, or country. (All documentation must be translated in English.) You must successfully complete the Board examination to become registered.

III. CHECKLIST – use to complete your Application.

NOTE: All submissions must be executed and dated less than one (1) year before receipt, or they will be rejected by the Board.

- | | <u>Done</u> |
|---|-------------|
| 1. Tape to the <u>first</u> page of the Application a passport photograph of yourself (taken within the last twelve (12) months), <u>then place your signature on the front of the photograph.</u> | _____ |
| 2. Complete pages 1 through 7 of the Application. Sign page 7 of the Application <u>in the presence of a Notary</u> , then, mail all seven pages to the Board's Office at the above address. | _____ |
| 3. If applying by category B, D, E or F complete and mail Attachment 1 to the institution from which you completed your dental assisting program to request that an official transcript be mailed to the Board of Dentistry. If applying by category C, a letter of course completion from the instructor or a transcript is required. | _____ |
| 4. If you are or have ever been licensed, certified, registered, or permitted by any state to practice as a dental assistant (or as any other health care professional), you must complete and mail Attachment 2 to each and every state. Attachment 2 may be duplicated to accommodate each request. | _____ |
| 5. If applying by Category A, please complete and mail Attachment 3 to the Dental Assisting National Boards (DANB) to have verification of your certification forwarded to the Board of Dentistry. | _____ |
| 6. Submit two (2) <u>Original</u> letters of recommendation from licensed dental professionals who can attest to your good moral character. These letters <u>must</u> identify the individual(s) as licensed dental professionals, be submitted on the signator's letterhead, and bear the original signature of the author. | _____ |
| 7. Copy the front and back of your current CPR card and tape <u>the copies</u> to a full-sized sheet of paper. Submit these copies with your Application to the Board. | _____ |
| 8. Attach proof of U.S. or Canadian citizenship or evidence of being legally entitled to live in the U.S. (e.g. copy of birth certificate, voter's registration card, naturalization papers, or current visa status.) | _____ |
| 9. Attach proof of having graduated from a high school (diploma) or successfully completing a general education development (G.E.D.) program (G.E.D. certificate). | _____ |
| 10. Paperclip a check or money order in the amount of \$50.00 (or \$40.00 if applying by category A) made payable to the "Board of Dentistry" to the front of the Application. | _____ |
| 11. A criminal background check is required. For instructions to obtain a criminal background check, <u>click here</u> or go to the Noteworthy section of the Board's website. | _____ |
| 12. If any of your answers to the "competency questions" on pages 5 and 6 of the Application were in the affirmative, please submit a separate document to explain the situation. Please read the instructions on page 4 of the Application carefully. You <u>must</u> answer "Yes", "No", or "N/A" to every question. | _____ |
| 13. If applying by Category E or F, you must place your name on Attachment 4 and forward the Attachment to your employer in the State, province, territory, or country in which you practice (or last practiced) your dental profession. | _____ |

IMPORTANT: *Enclosed in the application packet is a postcard (if not enclosed or misplaced, a regular postcard will suffice). Complete the card and attach a stamp to the card to be submitted with your Application. (If postage is not attached, the card will be discarded). Once your application is **RECEIVED** (received does not mean your application has been processed or reviewed), we will return the card with a date stamped on the card. Please allow 4-6 weeks for processing from the date stamped on your postcard.*

**TAPE A
CURRENT FULL-
FACE
PHOTOGRAPH
(SIGNED BY
APPLICANT ON THE FRONT
OF THE PHOTO)
HERE**



FOR OFFICIAL USE ONLY

Applicants B, C, D, E, & F

1222-001	\$ 40
1222-006	\$ 10
	\$ 50

Applicants A

1222-001	\$ 30
1222-006	\$ 10
	\$ 40

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243**

**TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123
www.Tennessee.gov/health**

APPLICATION FOR REGISTRATION AS A DENTAL ASSISTANT

Check the appropriate registration category for which you qualify. See the Practice Act and the Rules and Regulations to determine the requirements for each category of registration, or page 2 of the Instructions.

Name: _____
Last First Middle

- A. _____ Certified by the Dental Assisting National Boards (DANB)
- B. _____ Registered Dental Assistant licensed/registered in another state
- C. _____ Completion of a Tennessee Board-approved dental assisting course
- D. _____ Completion of a dental assisting course accredited by the American Dental Association
- E. _____ Challenge - Dental Assistant practicing in a state that does not require registration and who has completed an educational course which was equivalent to the, one hundred sixteen (116) hour Tennessee Board-approved course
- F. _____ Challenge-Foreign graduate of a dental assisting, dental hygiene, or dental school (school meets requirements specified herein) located in another province, territory, or country

PERSONAL INFORMATION

PLEASE PRINT IN INK

Name: _____
Last First Middle Maiden (if not used as your middle name)

Social Security Number: _____ - - U.S. Citizen: Yes ___ No ___

Date of Birth: _____ Place of Birth: _____

Mailing Address: _____

_____ Zip _____

Practice Address: _____

_____ Zip _____

County (TN Applicants Only): _____ Phone: Home: () _____

Office: () _____

Gender: (optional-for statistical purposes only)

Female _____ Male _____

Have you ever been known by any other names besides what is listed above? Yes ___ No

If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known: _____

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Also list the dental assisting program/school you attended. Use the back of this page, if you need additional space. (Send **Attachment #1 to the educational institution where you completed your accredited dental assisting program.)**

From:	To:	Educational Institution	City, State	Degree Earned	Year Graduated
Mo./Yr.	Mo./Yr.				
Mo./Yr.	Mo./Yr.				
Mo./Yr.	Mo./Yr.				
Mo./Yr.	Mo./Yr.				

Please complete your entire employment history starting with the most current position first. Use the back of this page, if you need additional space. (If you have never worked in the dental profession, list the other positions in which you were employed.)

[illegible]

CERTIFICATION INFORMATION

List below **ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED** as a dental assistant. Additional pages may be added if necessary. [Submit a copy of **Attachment #2** to all such states, countries, or provinces regarding such licensure, certification, or permit.] Use the back of this page if you need additional space. **If this section does not apply, mark N/A.**

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below **ALL** states, countries, or provinces in which you hold or have ever held a license, certification, or permit as a health professional other than a dental assistant. [Submit a copy of **Attachment #2** to all such states, countries, or provinces regarding such licensure, certification, or permit.] Use the back of this page if you need additional space. **If this section does not apply, mark N/A.**

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

YES NO

(The following questions must be answered)

- | | | |
|---|------|------|
| 1. Are you certified by the Dental Assistant National Board (DANB)? If so, complete Attachment #3 and send it to DANB. | ____ | ____ |
| 2. Have you ever applied for registration as a dental assistant in Tennessee? | ____ | ____ |

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are "YES", attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnosis (if necessary) and exercise reasoned judgments and to learn and keep abreast of developments in your profession; and
 - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disability, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions.

YES

NO

- | | | | |
|----|--|-------|-------|
| 1. | Do you currently have a medical condition which in any way impairs or limits your ability to practice dental assisting with reasonable skill and safety? | _____ | _____ |
| a. | If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? | _____ | _____ |
| b. | If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? | _____ | _____ |

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

COMPETENCY INFORMATION
(continued)

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

	YES	NO
2. Do you currently use chemical substances?	_____	_____
If yes, do they in any way impair or limit your ability to practice dental assisting with reasonable skill and safety?	_____	_____
3. Are you currently engaged in the illegal use of controlled substances?	_____	_____
If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	_____	_____
5. If you have held or applied for a license or certificate to practice as a dental assistant (or as a dentist, dental hygienist, or any other dental professional) in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered under threat of investigation, or disciplinary action?	_____	_____
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, or otherwise disciplined, or voluntarily surrendered under threat of restriction, or disciplinary action?	_____	_____
7. Have you ever failed a dental assistant licensure/certification/registration examination?	_____	_____
8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
9. Have you ever been rejected or censured by a professional society?	_____	_____
10. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you;	_____	_____
b. Have you ever entered into a settlement or had any legal, adverse action brought <u>against</u> you; or	_____	_____
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
11. If you have ever held a license or certificate in ANY health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation, or disciplinary action?	_____	_____
12. Are you currently being treated for the addiction to alcohol or drugs?	_____	_____
13. Are you currently being treated for a psychological condition?	_____	_____
14. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application and signed photo, attests to the truth of each statement made in said Application. I further swear that I have read and understand the statutes and the Rules and Regulations, which were enclosed in the Application packet, and agree to abide by them in the practice as a dental assistant in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a dental assistant.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without the malice concerning my competence, ethics, character, other qualifications, for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission Expires _____



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY

1-888-310-4650 ext. 25073

www.Tennessee.gov

EDUCATION VERIFICATION

APPLICANT: Supply the information requested in this box and then mail this entire form to the school at which you completed your American Dental Association (ADA) accredited dental assisting program. Do not return this page with the application. The transcript must be received from the educational institution. NOTE: Most schools require a fee, so you may want to contact the institution before mailing this form so that you can attach their fee.

TO WHOM IT MAY CONCERN:

I am applying for a license to practice as a registered dental assistant in the State of Tennessee. The Board of Dentistry requires verification of educational attainment. Please forward an original transcript bearing the institution's official seal to the Board's address listed below.

Applicant's Full Name: _____
(Last) (First) (Middle/Maiden)

Applicant's Address: _____

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Student Identification Number: _____

Date of Graduation: _____
(Date of Graduation must be printed on the transcript)

Please forward an original graduate transcript bearing the institution's official seal to:

**Tennessee Board of Dentistry
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243**

Thank you for your cooperation and prompt response.

Applicant's Signature

Date



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY

ENDORSEMENT FROM OTHER STATE LICENSURE BOARD(S)

APPLICANT: Please provide the information requested in the top box and then mail one (1) form to the licensure board in EACH state where you hold or have ever held a license to practice any profession. (Copies of this form can be used). NOTE: Some states require a fee for providing endorsement information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a **(circle one)** license or certificate to practice _____
(Profession)
numbered _____ on _____ in the State of _____. The Tennessee
Board of Dentistry requests that I submit evidence of the current status of that license in your state.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Dentistry.

Date Applicant's Signature Applicant's typed or printed name

To Be Completed by Administrative Office of State Licensure Board:

Name In Full as it appears on License/Certificate or Permit:

(First) (M.I.) (Last)

License/Certificate/Permit Number: _____ Profession: _____

Date Issued: _____ Expiration Date: _____

Basis of Issuance: _____ Endorsement/Reciprocity with _____
(check one) (State)

_____ Written Examination _____

Is there any derogatory information on file? Yes _____ No _____ If yes, please attach supporting documentation.

Authorized Signature Title Date

State Seal

Please mail directly to: **Tennessee Board of Dentistry**
227 French Landing, Suite 300 _____
Heritage Place MetroCenter State
Nashville, TN 37243



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY

DENTAL ASSISTING NATIONAL BOARD VERIFICATION

Applicant completes steps #1 and #2. (DANB will complete step #3.)

Step 1-TO BE COMPLETED BY APPLICANT (PLEASE PRINT IN INK)

Dear Dental Assisting National Board Official:

I am applying for a license to practice as a registered dental assistant in the State of Tennessee. The Tennessee Board of Dentistry requires that a verification of my certification be **forwarded directly to their** office by the Dental Assisting National Board.

Applicant's Name _____
(First) (M.I.) (Last)

Social Security No.: _____ - _____ - _____ Date Nationally Certified _____

Step 2-Send to:

DENTAL ASSISTING NATIONAL BOARD, INC. (DANB)
RECERTIFICATION COORDINATOR
676 N. ST. CLAIR, SUITE 1880
CHICAGO, IL 60611

Step 3-

**To DANB: PLEASE MAIL CREDENTIAL VERIFICATION
DIRECTLY TO:**

**TENNESSEE BOARD OF DENTISTRY
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243**



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243

**TENNESSEE BOARD OF DENTISTRY
EMPLOYER VERIFICATION**

INSTRUCTIONS

Applicant Name: _____

(Please forward to your employer, as required for Category E or F **only**)

To Employer: On official letterhead, please attest to the following applicable to the former or present employee/applicant:

- Employment Verification that the above-named applicant was employed by you as either a dentist, dental hygienist, or dental assistant.
- Beginning and ending dates of employment
- Duties and responsibilities of the employee
- Status of employment (Full Time or Part Time)

Important: You must affix your original signature to the letter.

Send original letter which contains the above-required information to:

**Administrator
Tennessee Board of Dentistry
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243**